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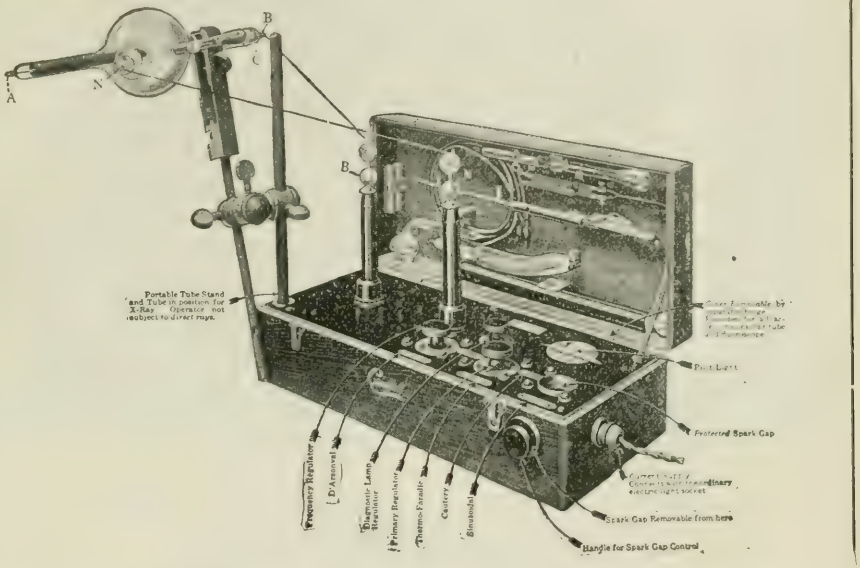

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—OF—
MEDICINE AND SURGERY

CHARLES S. BRIGGS, A. M., M. D., Editor

VOL. CVI. JULY, 1912. No. 7.

Original Communications

ANNUAL REPORT OF SURGICAL OPERATIONS AT THE PRIVATE INFIRMARY OF DRS. CHARLES S. AND SAMUEL S. BRIGGS DURING ITS TWENTY-FIRST SEASON, FROM SEPTEMBER 10, 1911, TO AUGUST 1, 1912.

REPORTED BY W. T. BRIGGS, M.D., NASHVILLE, TENN.

With August 1, the twenty-first year of Briggs Infirmary closes for one month to reopen for its twenty-second season September 10, 1912. This annual report is issued in order that the profession of the South and West may see the character of work done, and the results obtained in this institution. The surgical operations performed and the methods of treatment adopted have been characterized by the closest attention to the requirements of modern surgery, and the results obtained have been, in all cases, extremely gratifying. Only one death has occurred, and that was in a case of inoperable abdominal sarcoma, in which an exploratory operation was done. The anæsthetic employed in most cases has been the A. C. E. mixture, though chloroform was occasionally resorted to. Post-anæsthetic nausea was prevented to some extent by the administration of large doses of chloretone given some hours before operating. In some of the most recent cases, experimentation has been made with hypodermic doses of the synthetic preparation, heroin, to prevent this complication, and, as it is thought, with some degree of success. The anæsthetists—Dr. H. S. Jeck and Dr. W. T. Briggs—have invariably used the

open method of anæsthetization with the Esmarch mask. The preparation of dressings, catgut, etc., and the superintendence of nurses has been in the hands of the excellent head-nurse, Miss M. M. Sproull. Only the operations and methods have been reported that are supposed to be of interest to readers, as many operations of minor character have been omitted. Again, we take occasion to thank our professional friends for their generous patronage in the past and to bespeak a continuance of the same for the season of 1912-1913.

Case No. III. Curettage for Chronic Endometritis. Mrs. L. B. R., æt. 27 years, Madisonville, Ky., entered September 6, for treatment of chronic endometritis, with the concomitant symptoms of menorrhagia, mucorpurulent discharge, etc. Under A. C. E. anæsthesia, September 7, the os was freely dilated, the uterine cavity thoroughly curetted with sharp and dull curettes and the cavity packed with gauze after swabbing it out with strong solution of iodine and carbolic acid. The uterine mucosa was treated every other day with tincture of iodine, and the patient was dismissed in ten days.

Case No. IV. Abdominal Sarcoma—Laparatomy. T. R. R. æt. 6 years, resident of the city, entered September 8. The patient had been suffering for several months with pressure symptoms from an enlargement occupying the lower half of the abdominal cavity, viz.: constipation, hæmaturia, painful micturition and reflex gastric disturbances. The swelling was prominent, dull on percussion and smooth over its surface. September 10, under chloroform, the tumor was exposed by four-inch median incision, and was found to be closely adherent to the intestines and bladder, some of the former seeming to be incorporated with the neoplasm. The central presenting part of the tumor offered a soft area; this was incised, evacuating fecal matter, showing involvement of the bowel. After inserting in this cavity a drainage tube and closing the parietal wound around it, the operation was abandoned. The patient died of inanition October 1. Post-mortem showed that the removal of the tumor was impossible, as it had involved in its growth everything in the lower abdomen.

Case No. V. Removal of Adenoids. E. G., æt. 9 years; admitted September 10, for relief of adenoids. The usual symptome presented and the necessity for operation was obvious. Under chloroform anæsthesia the day of admission, the adenoids were thoroughly removed with the adenoid curette. Relief was immediate, and the patient returned home the day of the operation.

Case No. VII. Laceration of the Cervix—Trachelloraphy. Mrs. G. W. M., Davidson County, Tennessee, æt. 32 years; entered September 15, for treatment of uterine lesion following childbirth. Examination showed extensive bilateral laceration of the cervix. The patient presented the usual symptoms incident to such lesions, the predominant ones being those of nervous character. Under A. C. E., September 16, the clefts were freely pared and sutured with No. 2 cat-gut sutures, three on one side and four on the other. Union was perfect, and the patient was dismissed in two weeks.

Case No. X. Sarcoma of the Breast—Amputation. Miss M. M., æt. 46 years, Nolensville, Tenn., was admitted September 20, for treatment of mammary tumor. The left breast was the seat of the growth, which was larger than a man's head, hard and irregular over its surface, and presented an ulcerated area over the upper lateral aspect, which constantly bled rather profusely. There was no enlargement of the axillary glands. Under A. C. E. anæsthesia, the breast was excised between elliptical incisions and the axilla explored for glands negatively. A large portion of the pectoralis major muscle, including its fascia, was removed with the tumor. The wound was closed throughout the greater part of its extent, but a considerable space was left to heal by granulation owing to the immense volume and extent of the growth. Healing took place slowly and in a short time recurrence occurred in the granulating area to which caustic applications were made. The patient went home with the wound still granulating.

Case No. XII. Varicocele—Open Method of Excision of the Veins. T. L. B., æt. 26 years, Columbia, Tenn., entered September 20 for treatment of large varicocele of the left side. The

veins were very large and numerous, making a considerable tumor. The testicle of that side was considerably atrophied and the patient suffered the usual dragging pains which a suspensory only partially relieved. Under A. C. E. anæsthesia, the veins were exposed by a vertical incision, isolated from the vas deferens and ligated at an interval of an inch, the veins excised and the ends of the ligatures tied so as to anastomose the stumps. The skin wound was sutured transversely so as to shorten the scrotum. Healing was satisfactory and the patient went home October 2.

Case No. XIII. Curettage, Following Abortion at Three Months. Mrs. W. T. M., æt. 32 years, Davidson County, Tennessee, was brought to the Infirmary September 20 for relief of sapremic symptoms following self-induced abortion. The patient had passed part of the uterine contents prior to admission, but had had a chill with subsequent elevation of temperature, and a copious, offensive smelling flow. Under A. C. E. anæsthesia, September 21, the os was fully dilated and the cavity of the uterus thoroughly curetted with both sharp and dull curettes, removing quite a quantity of partially decomposed tissue. The cavity of the uterus was swabbed out with strong tincture of iodine and packed with gauze. Recovery was rapid and the patient returned home October 5.

Case No. XV. Necrosis of the Femur—Curettage of the Bone. A. R., æt. 19 years, Mt. Pleasant, Tenn., entered September 18, for treatment of dead bone in lower fourth of the femur just above the knee-joint, very likely of tuberculous origin. A fistulous orifice was located just above and to the outer side of the knee, from which there was constantly discharged a characteristic fluid. Through this a probe came readily in contact with dead bone. The knee was greatly enlarged and the joint partially ankylosed. Under A. C. E., Sept. 30, the femur was exposed by four-inch vertical incision on the outer side and the diseased bone scraped vigorously with the sharp bone curette. The cavity was dressed with gauze soaked in balsam Peru. The granulation process gradually filled the space, but at no time covered the bone.

The subsequent progress of this case is described later in the report.

Case No. XVIII. Recurrent Sarcoma—Excision. Miss M. D., æt. 42, Nolensville, Tenn., reëntered October 2, for removal of unusually rapid recurrence of growth in the granulating area of operation wound as described in Case No. X. Under A. C. E. anæsthesia, October 3, the fungating masses, which had sprung up in the open area, were excised down to the ribs, removing at the same time a considerable portion of the muscles. The parts seemed to take on favorable action for a time though progress was slow. The X-ray was used without apparent effect. The patient went home in three weeks without improvement.

Case No. XX. Chronic Appendicitis—Appendectomy. Miss A. T. W., æt. 26 years, Jordonia, Tenn., entered October 3, for treatment of persistent pain in right iliac region and evidences of catarrhal colitis. The patient was dyspeptic and at times suffered exacerbations of the pain in her appendical region. Menstruation was undisturbed. Examination showed marked tenderness at McBurney's point, and palpation a deep seated induration at the site of the appendix. Under A. C. E., October 4, the peritoneal cavity was opened by a three-inch incision in the right linea semilunaris and the appendix delivered and removed. The stump was invaginated with a purse string suture. The wound was closed in the usual manner. The appendix was thickened and markedly clubbed at its distal extremity. The sutures were removed on the 7th day and the patient was dismissed on October 20.

Case No. XXI. Fistula in Ano—Incision. J. T. H., æt. 41, Cross Plains, Tenn., had for several years been troubled with anal fistula following a peri-rectal abscess, which had evacuated itself spontaneously. Examination October 3, disclosed three fistulous orifices situated at varying distances from the anus. The probe passed clearly through one of these into the rectum and through the other two could be passed into the main channel. Under A. C. E. anæsthesia the day following admission the main fistulous tract was divided on a grooved director into the

rectum, and the others laid open into the first incision. The fistulous tracts were thoroughly curetted and packed with gauze. The parts granulated and filled up rapidly and the patient was dismissed October 14.

Case No. XXII.— Stone in the Bladder—Medo-Bilateral Lithotomy. J. S. D., æt. 35 years, from near Bolivar, Ky., entered October 6 suffering from vesical symptoms, indicating the presence of stone in the bladder. The cardinal symptoms of stone, frequent and painful micturition increased on exercise, and hematuria nearly always present, were prominent, and the stone searcher introduced into the bladder came at once in contact with the stone. After several days of preparatory treatment, on October 9, under A. C. E. anæsthesia, perineal lithotomy after the medio-bilateral method was done and a spherical one-ounce phospho-urate stone was extracted. Very little blood was lost. A perineal tube was carried through the wound into the bladder, and a loose packing of gauze inserted around the tube. These were removed after twenty-four hours. The patient did well, passing his urine *per vias naturales* on the twelfth day, and was dismissed October 30.

Case No. XXV. Ovarian Cystoma —Ovariotomy. Mrs. D. H., æt. 42 years, northern Alabama, near Guntersville, entered October 10, for relief of abdominal tumor of several years standing. Examination disclosed symmetrical enlargement of the abdomen as large as a full-term pregnancy. The history of its beginning on her left side, dullness on percussion, distinct fluctuation, all the symptoms accentuated by a well-marked *facies ovariana,* indicated clearly ovarian cystoma, growing from the left ovary. Under A. C. E. anæsthesia, October 13, the cyst was exposed by a four-inch median incision, the fluid evacuated with a Spencer-Wells trochar, and after ligation of the pedicle with silk braid ligature, the cyst was removed. The parietal wound was closed with through and through silkworm gut sutures, tied after serial cat-gut suture of the peritoneum and fascia. The cyst was unilocular and contained nearly two gallons of straw-colored fluid. The wound healed perfectly and the sutures were removed on the eighth day. The patient was dismissed November 4.

Case No. XXVIII. Talipes Equino-Varus—Phelp's Operation. John D. H., age 2½ years, from near Dresden, Tenn., presented October 16, with double equino-varus. Efforts had been made some months previously to correct the deformity by tenotomy and braces, but with no improvement of his condition. October 17, under chloroform, the medio-tarsal joint in each foot was laid open by free incision on the inner side of the foot after the tendo Achillis had been subcutaneously divided. All constricting bands were divided so that the feet could be forced into an over-corrected position. The wounds were packed with gauze, and both feet in over-corrected position, were encased in plaster of Paris bandage. The first dressing was done on the fourteenth day, and the large gaps found nearly filled up. A light brace was adjusted and the patient returned home November 10 with the deformity entirely relieved.

Case No. XXIX. Adenoma of Mammary Gland—Excision. Miss H. T., æt. 19 years, city, entered October 20, for removal of small tumor of the left breast. The tumor was about the size of a guinea egg, in the upper external quadrant of the breast. It was hard, movable under the skin and painless. Under A. C. E. anæsthesia the growth was exposed by a two-inch incision, radiating to the nipple, and was enucleated with very little trouble. The wound, closed with continuous cat-gut suture, healed rapidly and the patient was dismissed on the sixth day.

Case No. XXXI. Internal Hemorrhoids—Ligation. J. D. T. æt. 36 years, Portland, Tenn., entered October 26, for treatment of internal hemorrhoids of several years standing. Examination disclosed a ring of large nævoid masses, which protruded at stool, and bled to such an extent after defecation as to keep the patient in an exsanguinated condition. Under A. C. E. anæsthesia, October 27, the rectum was freely dilated and the masses, four in number, each transfixed and ligated in halves, after which they were excised. The patient made a rapid recovery and went home November 6.

Case No. XXXIII. Cystic Degeneration of the Testicle—Castration. R. D., æt. 41 years, Mt. Juliet, Tenn., entered November

1, with enlargement of the right testicle. The tumor was as large as the fist, hard, rather irregular over its surface, ovoid in shape and only slightly tender upon pressure. The enlargement had begun three years previous, and was due to traumatism. Under A. C. E. anæsthesia, November 2, the testicle was removed through a vertical incision and found to be of cystic nature. The wound healed without accident, and the patient was dismissed November 11.

Case No. XXXVI. Laceration of Cervix and Perineum—Trachelloraphy. Mrs. C. B., æt. 29 years, Alexandria, Tenn., entered November 6 for treatment of laceration of cervix and partial laceration of the perineum. Under A. C. E. anæsthesia, November 7, the cervix was repaired, using No. 2, twenty-day catgut, and the perineal laceration was repaired after the method of Dudley, using silkworm gut deep sutures and catgut superficial. Complete healing followed and the patient was discharged November 26.

Case No. XXXVIII. Complete Laceration of the Perineum. Mrs. P. W. D., æt. 37, Tennessee City, Tenn., entered November 15 for treatment of complete laceration of the perineum. The lesion was produced at the birth of her last child two years previously, and was attended with the usual unpleasant symptoms incident to that condition. November 16, under A. C. E. anæsthesia, the parts were repaired after the method described by Dudley silkworm gut sutures being used for the deep sutures, and No. 1 ten-day cat-gut for the superficial. Healing was perfect, and there resulted complete restoration of the sphincteric function. The patient was dismissed December 4.

Case No. XL. Pancreatitis—Laparotomy.—W. A., æt. 34, Nashville, Tenn., entered November 20 for treatment of tumor in the right hypochondriac region extending into the epigastric. The diagnosis was doubtful, though a pear-shaped tumor, with its axis horizontally placed, presented in the region of the gall-bladder, and there was apparently enlargement of the left lobe of the liver. The patient had suffered with almost constant colicky pains in this region and some tenderness, but at no time

was there jaundice or elevation of temperature. The stools were of proper color. The indications pointed to involvement of the pancreas. November 22, under A. C. E., the cavity was entered by four-inch vertical incision through the right rectus muscle. The liver and gall-bladder were found normal. The foramen of Winslow was occluded. The pancreas was greatly enlarged, hard and somewhat nodulated. Only slight evidence of penitonitis. Some adhesions were broken up and a tubular drain inserted. The parietal wound was closed in the usual manner. The patient recovered rapidly from the operation and has apparently been relieved of all his symptoms.

Case No. XLIII. Chronic Appendicitis.—Appendectomy. H. B., æt. 28, Gallatin, Tenn., admitted November 25, with symptoms of chronic appendicitis. Occasional sharp attacks of pain and tenderness in the right iliac region. Some evidence of deep-seated induration at the site of the appendix. Under A. C. E., November 26, the cavity was opened by three-inch incision in the right linea semi-lunaris, the appendix found, delivered and excised and the stump buried with purse-string catgut suture. The parietal wound was closed as described in former cases. The specimen was found inflamed and thickened, and its mucosa infiltrated. Rapid recovery followed and the patient was dismissed December 14.

Case No. XLV. Radical Cure of Femoral Hernia, and Operation for Varicocele. J. W. E., æt. 30, Memphis, Tenn., admitted December 1, for treatment of femoral hernia and of varicocele. Under A. C. E., December 2, the hernial sac was exposed by oblique incision three inches in length below and parallel with Pouparts ligament. Burns' ligament was bared and the cribriform fascia opened. The hernial sac contained omentum, which was excised after ligating with a double ligature passed through it and the neck of the sac. The canal was closed with catgut sutures passed through Burns' ligament to the fascia covering the pectineus muscle. The cutaneous wound was closed with continuous catgut suture. The varicocele was exposed by vertical incision, the veins isolated from the vas deferens and ligated with strong catgut at two points an inch apart, the mass of veins ex-

cised and the stumps joined by tying the respective ligatures together. The patient made an excellent recovery and was dismissed December 16.

Case No. XLVI. Stricture of the Urethra —Internal Urethrotomy. H. B., æt. 33 years, Chattanooga, Tenn., entered December 8, for treatment of urethral stricture of long standing. The principal stricture was located with the *bougies a boule* in the bulbous urethra, admitting with difficulty a No. 12 American gauge sound. The size of the urinary stream was much reduced, and the frequency of micturition annoying. Under A. C. E. anæsthesia the day of admission, the stricture was freely divided with the Otis urethrotome and a number twenty sound, American scale, readily passed into the bladder. Dilatation with sounds was kept up every other day for ten days and the patient was dismissed December 20 with instruction to pass the sound once a week.

Case No. XLIX. Acute Suppurative Appendicitis —Appendectomy. C. D., æt. 20 years, Alexandria, Tenn., was brought to the Infirmary December 23, with severe acute suppurative appendicitis. Under A. C. E. soon after admission, the cavity was opened by three-inch incision in the right semilunar line, evacuating several ounces of four smelling pus. The pus cavity was well walled off. The appendix was gangrenous and perforated. It was removed and its stump buried in the usual manner. A rubber drainage tube was inserted into the cavity through a stab made at the triangle of Petit. Troublesome hemorrhage occurred from needle wound of the deep epigastric artery. Through and through sutures of silkworm gut were placed but not tied, and the wound was packed with four strips of gauze. The sutures were tied on the 10th day. Convalescence was slow, but perfect, and the patient was discharged February 15.

Case L. Multiple Uterine Submucous Myomata —Hysterectomy. Miss M. C., æt. 26 years, Hartsville, Tenn., entered December 23 for treatment of uterine myomata. Constant metrorrhagia had very considerably reduced the patient. Tumor in the median line showed up above the pubes. The probe indicated in-

creased depth of the uterine cavity. Under A. C. E. anæsthesia, December 28, a six-inch incision in the linea alba was made and the uterus lifted out of the cavity. The vessels were secured on each side with ligatures of Pachenstecher's thread and the cervix divided. The cervical stump was sutured from before backwards and the peritoneum closed from side to side with continuous catgut suture. The parietal wound was closed in the usual manner. The specimen presented multiple fibromata with one large tumor occupying the cavity of the uterus. The patient made an uneventful recovery and was dismissed January 23.

Case LII. Chronic Recurrent Appendicitis—Appendectomy. Miss E. C., æt. 25, Belleview, Tenn., entered January 10, with chronic appendicitis. The patient had suffered a number of very severe attacks, from the last of which she had just recovered. The usual symptoms of chronic appendicitis were present. January 12, under chloroform anæsthesia, the appendix was removed through a three-inch incision in the right semilunar line and the stump buried with purse-string suture of catgut. Unusual difficulty was experienced in delivering the appendix on account of close adhesions. Recovery was uneventful and the patient returned home February 7.

Case No. LV. Amputation of Thigh for Tubercular Knee-joint. A. R., æt. 19 years, Mt. Pleasant, Tenn., upon whom operation for dead bone was described in Case No. XV. The patient's condition not having improved from the previous operation, it was decided to amputate the thigh. Accordingly, January 15, under A. C. E. anæsthesia, the thigh was amputated at the junction of the middle with the lower third, the section of the bone being made above the diseased part of the bone. The amputation was made by the antero-posterior method, the anterior flap being made by dissection and the posterior by transfixion. The muscles were united by deep-buried sutures of catgut and the wound closed without drainage with alternate sutures of silkworm gut and catgut. Typical healing ensued, resulting in an excellent stump. The patient was dismissed February 15.

Case No. LVIII. Internal Hemorrhoids—Ligation. R. F. D., æt. 45 years, Dickson, Tenn., entered January 18, with internal

hemorrhoids. Several large nævoid masses presented on defecation, with occasional severe hemorrhage and protrusion, requiring pressure to reduce. Under A. C. E., January 19, the rectum was forcibly dilated, the piles dissected up at the mucocutaneous junction, ligated and excised. The bowels acted on the fourth day without pain or hemorrhage. The patient returned home on January 31.

Case No. LIX. Curettage of the Uterus for Miscarriage. Mrs. J. Y., æt. 19 years, Colorado Springs, Colo., miscarried at three months as the result of a rough railroad trip from the West to this city. The fetus was passed at a hotel in this city and she was brought to the Infirmary January 30. Examination showed the placental mass protruding into the vagina from the os. Under A. C. E. anæsthesia the day of admission, the placenta was removed with placenta forceps and the uterine cavity thoroughly curetted. The cavity was treated with tinct. of iodine and packed with gauze. The patient recovered rapidly and proceeded on her journey February 6.

Case No. LXII. Bilateral Laceration of the Os Uteri—Trachellorraphy. Mrs. R. D., æt. 24 years, Goodrich, Tenn., entered February 1 for treatment of a bilateral laceration of the os uteri received during labor with her first child. Under A. C. E. anæsthesia, February 2, the clefts were pared freely, and sutured with No. 1 twenty-day catgut, two on each side. Previous to the uteroplasty, the os was dilated and the cavity of the uterus curetted. Union was perfect and the patient returned home February 13.

(To be continued in August number.)

PUBLIC SANITATION.

B. F. FYKE, M.D., SPRINGFIELD, TENN.

Public sanitation is a theme that is being studied in a manner that it has never been studied before; the campaign for the education of the people in the common principles of sanitation is widespread in its scope, and is producing tremendous results;

people everywhere are becoming more and more interested in sanitation, and the coming of every season witnesses highly beneficial results in the way of prevention. While we are yet in the kindergarten school of sanitation and prevention, we are in the midst of a peculiar combination of forces; there has never been a time in the history of medicine when there was such a universal concert of action on the part of the medical profession to stamp out all contagious diseases by one possible process, and that by *sanitation*.

The progress in sanitation made by both the cities and the rural districts in the last twenty years has been wonderful, but the work has been very much handicapped at times and places by an almost unavoidable combination of difficulties. One of these difficulties was the result of not having money with which to do that which was needed to be done; another one was the lack of coöperation on the part of the laity and some public officials. Success can not result from any great undertaking that is not supported by money and backed by public sentiment. Any great departure from a custom is regarded by the laity as unreasonable and looked upon with suspicion, and time is necessary to teach the people to think otherwise.

When we begin to study general sanitation, there are several problems for solution; our cities have a water supply and sewerage system that are looked after by the city officials, and the problem of water and sewerage does not concern the average citizen; the disposition of garbage is looked after by the city, and this proposition does not worry him, either. All cities have a well organized City Board of Health, and the private citizen is well protected from epidemics of any and all contagious diseases, and if necessary, all exposed families are put in quarantine in order to suppress the epidemic; all property owners are required to keep their premises cleaned up and in a condition that they will not be a menace to his neighbor or the community in which he lives. In the best regulated cities, now, all food is required to be examined before it is offered to the public for sale, and if it does not come up to the standard, it is condemned, and especially is this true of milk and fresh meats. When we go into the

rural districts there is another problem for solution; if the farmer wants water, he must make his own provisions, and get it in any way he can, by either digging a well or cistern, or locating near a spring, and the character of his water supply depends altogether on his own personal ideas, knowledge and judgment, and it is with him to protect his water supply. He can have it pure or impure, wholesome or unwholesome; he must take care of his own garbage and other refuse matter, and oftentimes this is not done in a manner that is the best and safest for himself and his neighbors; he is very much inclined to dispose of all animals dying on his farm by depositing them in a sinkhole or in a gully, then cover them with a light covering of dirt and leaves, making them an easy prey to all other flesh-eating birds or animals, and thereby spreading a contagious disease all over the country. The farmer is not altogether to blame for his conduct in this matter; possibly he has never had any instruction in farm sanitation; but the departments of agriculture, both National and State, are doing good work in this line now, and all farmers are aware that quite a number of diseases incident to their stock and cattle are contagious, and they are willing to employ any remedy by which they can protect their property. Therefore, all animals dying on the farm are either buried or burned, the last method being much the safer and better plan to follow.

Many other plans are being put into use now to remove the otherwise stumbling blocks in sanitation and prevention. Antituberculosis and Civic Improvement and Public Health Leagues are being organized all over the country, and Sociologic Congresses are held in many cities. Public lectures are given to lay audiences, and all school children are taught the principles of sanitation and hygiene. The columns of city and country-town newspapers are offered for the publication of information on the subject and sending it into the homes of many that are not reached in either of the ways just mentioned.

It is a well-known fact that progress in one line of work facilitates advancement in other line of our endeavors—like begets like. There has never been a time, and I suppose there never will be either, when any aggressive movement was not strenuously

opposed by somebody; what one emphasizes and regards of much importance, another is disposed to attach but little value to and regard it as of no importance. The public is too much inclined to place a commercial value on any suggestion in the way of public health. I refer to the people as citizens. Look around you and consider the negro as a disease carrier; look at his habits; they are such as to make him susceptible of every contagious disease. He is poor, filthy, unsanitary in his habits and very hard to teach the principles of cleanliness; he is prone to contract all respiratory diseases, and his migratory habits make him a very dangerous person to occupy rooms close to those of our white people. Go to their homes in their congested quarters and see how they live, where they sleep, and then go home and ponder over your responsibility to them as a people and your families as the one on whom they depend for work. If they are your washerwoman, your clothes are carried into their dirty rooms, washed by dirty women and sometimes by a tuberculosis infected man, as I saw a few days ago. You employ their girls as housegirls, and they go into your parlors, sitting rooms, kitchen and sleeping rooms, and you permit them to nurse your children, go out into the streets and come in contact with other negro girls, and each child is kissed by any and all kinds of children; yet it is custom, and when reminded of it by the medical profession, the laity will say, nonsense; my mother allowed negro girls to nurse me, and I have seen other children kissed by negro girls and women, and I am still living, and I do not think I am better than my children, so I shall pay no attention to the suggestions.

If you wish to make a comparison of the commercial value placed on the opinion of the medical profession in regard to public health, look at the difference in maintaining quarantine in an epidemic of either typhoid fever, scarlet fever or pneumonia, and one of yellow fever, smallpox or cholera, or several cases of tuberculosis in the same neighborhood; there is a self-satisfied expression on the part of the people that they know just what to do, when to do it; an outbreak of either yellow fever, cholera, or spinal meningitis, demoralizes all commerce, because death and sorrow is left in its path, and it behooves everybody to assist in

checking the epidemic. It appears suddenly, travels fast, and is no respecter of persons.

Prior to the discovery of vaccination for the prevention of smallpox, it is estimated that the annual death rate from smallpox alone was 100,000; now, a death is the exception and not the rule from a case of smallpox; but, with the long experience with vaccination as a means of preventing smallpox, we still find people who deny the efficacy of the remedy, and it is necessary sometimes to resort to compulsory vaccination to stamp out an epidemic of the disease; and it is as difficult of explanation why a certain class of our citizens will aid in concealing cases of smallpox, and never seem to be satisfied until there is a widespread area of people affected.

What is true of smallpox is also true of scarlet fever in many sections of the country. It is lamentable to think that there are doctors that still tell the people that there is a difference in scarlet fever and scarlatina—that scarlatina is a milder form of scarlet fever and there is no danger in it. It is the opposition of the ignorant and uninformed that is so hard to overcome and remove with evidence, and it is hard for me to understand why some of our otherwise educated people will accept the opinion of an irregular physician or of an ignorant woman in the place of that from our best physicians, County and State Boards of Health.

But let us compare the criticism and opposition in the use of diphtheria antitoxin and see how rapidly it subsided. Even the few deaths that were attributed to its use did not depreciate its merits as a means of cure and also of prevention, and today it stands as the remedy par excellence in treating diphtheria, and why? Because what is done for diphtheria must be done quickly, and nobody is willing to try the remedies of the "old granny" any more.

Some of us are old enough to remember when Memphis, Tenn., was in the grasp of a terrible epidemic of yellow fever, and when Havana, Cuba, was a veritable hotbed of yellow fever, and was always dreaded by the United State, because it lay almost at its doors. Look back and see what has been done for both of these places and how it was done; both places were cleaned up, the

water supply improved and the sewerage system improved and extended. That was good, and is as true today as it was then, and is as applicable to the homes, both in the city and country alike. It costs human life to prove the cause of yellow fever and the way it is conveyed. After these facts were clearly proven, the remedy was found to be very simple: guard against the bites of the night-flying mosquito.

It took a great deal of time, and cost a large sum of money to learn how to avoid and cure malarial fever. Now contrast the difference in the way the two opinions are received by both the medical profession and the laity. In the malarial and yellow fever sections of the country it is not hard to get the people to respect the opinions of the medical profession and carry out the instructions for the prevention of either or both, but when we meet the doctors that do not see or have to treat either of these diseases, they are oftentimes rather skeptical about the theory of cause and prevention.

Why should there be an epidemic of typhoid fever, either in the rural districts or small towns, now? The cause of typhoid fever and the means of infection are too well known now to admit of any excuse, and it is almost a reflection on the ability of the attending physician to have more than one case in a family, at a time, unless more than one was infected at the same time and from the same source, as by drinking water from an infected well or spring.

Typhoid fever has been prevalent so long, and no teaching having been given as to its being infectious, it is hard for the laity and some of the doctors to accept the instructions that are now given for the management of cases of typhoid fever. Families hate to abandon the use of a spring or well that has been in use for two or three generations, and with a little encouragement from the "old family physician" that does not believe in the "bug" theory, it is almost impossible to get them to abandon the use of the water from this source. And the question of guarding against the common housefly is nearly as great a proposition; it is too much to accept that water can be infected and milk cans then washed in it will infect those who drink it, or that flies lighting

on the discharges from typhoid fever cases, can, or will carry the germ to other people. There is a great work before the medical profession in this line of work, and no doctor is excusable that will yield to the least disregard to respecting the means of preventing typhoid fever, and all doctors should be very clear and thorough in giving rules to be observed in the management of cases of typhoid fever, and I suppose we all know what they are.

Tuberculosis is another infectious disease that has been prevalent a long time and with a high rate of mortality every year; and for a long time it was both taught and believed to be strictly a hereditary disease, and was transmitted or contracted in no other way, and was incurable; but scientific medicine has demonstrated this to be erroneous, and the opposite is taught now—it is contagious and is susceptible of prevention and can be cured. It is in this disease as in many other contagious diseases—prevention is better than treatment, but it is equally as hard to remove the long-made impression that it is transmitted by heredity, because a doctor that lived half a century ago said so, and that makes it positive; but I believe that this idea of the way in which tuberculosis is acquired will be more easily removed from the minds of the people than that of typhoid fever, because the public schools have commenced to teach the manner of infection, and the children will grow up with the impressions indelibly made, and the avoidance of infection will be strictly observed; the publicity that is being given the subject through the newspapers is far-reaching in its results, and the country people are beginning to take notes, and we can see many signs of improvement in the sanitary management of the tuberculosis affected patients; more attention is now given to the negro and his habits than was several years ago, and as time moves on still more will be given to this race. Then we will see a greater reduction in the mortality from tuberculosis.

The work that is being done by the Anti-Tuberculosis and Civic Improvement Leagues is destined to accomplish a great deal of good in stamping out this dreaded disease, and it deserves the approbation of every physician, and we should never let an opportunity pass of reminding the people of the danger in a habit

of promiscuous spitting; the habit of spitting anywhere, everywhere and at any time is filthy, dangerous and very impolite and should never be indulged in by anybody. The use of individual drinking cups is to be recommended and encouraged as one of the safest and sure means of avoiding an exposure to an infection from any contagious disease, and in the public school is the place to have this impression firmly made on the minds of the people. Parents can be reached through the habits of their children, and in the public school is the place to teach the habits that are to be used in after life.

A great deal of agitation is given to the subject of pure food, now, and this is all well and good, and especially is this true of milk. Possibly there is nothing easier to be infected than milk, and the laity are very much in need of instruction as to how milk should be protected. It does not amount to much protection to those who use milk if it is exposed to atmospheric conditions after it is brought from the dairy, even if it was inspected and allowed to be sold, and I am of the opinion that a great deal of complaint that comes up against the quality of milk that is sold is traceable to the homes after it leaves the dairy; but it is in the homes in the country where we owe a great deal of teaching, and especially is this true in the homes where babies are fed on milk. How many of us have seen the milk bucket allowed to stand open out in the dust after it was filled with milk, and all of us have seen flies and babies drinking out of the same cup at the same time. We have seen bottles filled with milk taken from a bucket, given to a baby, and then both would be placed on the floor and the baby would drink from the bottle for a while, then lay it down and allow flies to suck milk from the stopper, or lay it down in the dirt on the floor, and when it got ready to drink, would suck the milk through the dirty nipple on the bottle. How many of us have been called to treat babies with a bowel trouble that could easily be traced to this carelessness on the part of the mother or the nurse? Who is to blame for this? Have we ever given lessons on "How to feed the baby?"

Hookworm disease is another infections disease that has been prevalent in several of the Southern States for a long time, and

it is only of late that the true nature of the disease has been discovered and recognized as being contagious, and as much credit is due Stiles and Harris for the work they have done in the way of making it plain about hookworm disease as was to Jenner for the discovery for vaccination for preventing smallpox.

The achievements in hygiene, sanitation and public health improvement in all parts of the world in the last twenty years have been very encouraging, and with the financial aid that is being given for the work now, is an incentive for investigators to go on in the great work of searching for the causes, cures and means of preventing diseases. Prevention is the watchword of the medical profession, now, and a hearty coöperation on the part of the laity is the way to get results, and this can not be hoped for without education and training.

Great stress should be laid on the fly as a carrier of disease, and no pains should be spared in teaching the people to see that no flies come in contact with the milk or water that is used for drinking. Every family should be instructed how to destroy all discharges from a patient that is sick with any contagious disease. The use of well and spring water should be discouraged in this day of thick settlements, and the pollution of all streams should be prohibited by law.

The greatest problem before the medical profession is the removal of superstition and prejudice, and we find nearly as much of both in the profession as we do with the laity.

Extracts from Home and Foreign Journals.

SURGICAL

Surgical Suggestions.

The sooner a hollow bone is opened in acute osteomyelitis, the less will be the destruction of bone.

In intestinal obstruction, it is not the operation that is to be feared, but the delay in operation.

When there is disagreement between the pulse and temperature, the pulse must be regarded as of greater importance.

When Kocher's method fails to reduce a recent dislocation of the shoulder, it is usually because the surgeon has proceeded too rapidly. Deliberately is the only way to work quickly.

Traumatic aneurysm, after temporary clamping of the artery, can often be treated by suture if the surgeon goes about it deliberately, when at first impression the case seemed to demand ligation and obliteration of the vessel.

A ligature should not be placed on the carotid too near the bifurcation lest the clot which forms shall not have sufficient surface to which to adhere and become detached and swept to the brain.

If the surgeon desires to discover carcinoma of the cervix in a curable stage, women past middle life must be examined periodically, for to wait until symptoms appear is often to discover the disease too late.

In injuries to the cord, if the tendon reflexes are preserved, even slightly, the surgeon may exclude complete and irremediable severance of the cord; but the total loss of these reflexes during the first few days is not conclusive, as the loss may be transitory.

In performing external esophagotomy, the trachea is the guide for finding the esophagus. It is easy to remember that there is nothing but the esophagus between the trachea and vertebral column.—*American Journal of Surgery.*

Alcohol and Spirit of Camphor as Surgical Dressings.

When I was a medical student in Paris, many years ago, alcohol and water or spirit of camphor and water were habitually used for all wounds as a surgical dressing. They were the favorite and almost the only dressings used by the great surgeon, Nelaton, who in those days was *facile princeps*. Naturally, there was much to deplore as to the results of operations, and, alas, very frequently pyemia, hospital gangrene, and so forth, were daily met with; and on that account many operations were not performed—unless necessity, so to speak, ruled, i. e., the greater chances of death, if no operation was performed.

Since my student days I have seen many new dressings tried, but I am free to confess, so far as my own predilection is concerned, in later years especially, I have not seen any equal to alcohol, or spirit of camphor and water (as a rule one part to three —but the former sometimes pure), with or without an impermeable covering of rubber tissue or oil silk.

Doctor Senn directed attention again to the valuable local use of alcohol—after the late Spanish War—but his practice has not been followed, so far as I know. As for myself, I always use for wounds, bruises, sprains, and so forth, alcohol, or spirit of camphor and water, in preference to any other applications; and I never have had reason to regret it.

On open wounds one or the other is preferable in every particular to bichloride of mercury or any other antiseptic solution. Indeed, I believe it can be shown not only in practice, but experimentally, that they have as great antiseptic power, are far more healing, and have no drawbacks.

Within a few weeks, I have seen an instance of ulceration of large dimensions on the nape of the neck, following a very severe case of carbuncle, in which pure alcohol (ninety-five per cent) first and subsequently spirit of camphor and water worked wonders. Without their use, I am sure skin grafting would have been required, and perhaps not been successful.

I urge strongly that the surgeons who have daily and many opportunities to do so, use alcohol, or spirit of camphor and water

dressings, and verify very soon my statements, and not fail to heed observations and practice simply because they are from a physician. I would add that at times wounds will not heal kindly unless suitable tonics and food are given. As an addendum, I would suggest also to surgeons who still irrigate, that they use alcoholic solutions to wash out the abdominal cavity, after cleansing, in cases of diffuse septic peritonitis from appendicitis.—*Beverley Robinson in The American Journal of Clinical Medicine.*

The Operative Treatment of Gastric Crises in Locomotor Ataxia.

Foerster (*Ther. d. Gegenwart,* 1911, p. 338), tabulates the result in twenty-eight cases where the posterior spinal nerve roots were resected in extreme cases of this condition. These are all the cases reported to date, and most of them are separately and concisely reviewed in this article. All of these cases were those of individuals whose condition was a most pitiable one, in spite of the fact that they had all received the benefit of careful and thorough treatment along approved lines. Of the twenty-eight cases three died as a result of the operation from meningitis or shock. In two cases, the operation resulted in no amelioration. In the remaining twenty-three cases, there was prompt cessation of the crises with marked improvement in the general condition and decided increase in weight. In a number of these cases the relief has been permanent, although in none of them was the period reported on over one and one-half years. In other cases, while there was at first entire relief of the crises, later these returned, although much less frequently and severely than before the operation. When one considers the miserable state of these patients, emaciated to a marked degree and often addicted to morphine, that is to say, poor surgical subjects, the death rate of three in twenty-eight is surprisingly small. Occasionally bladder disturbances and paralysis of the legs followed the operation. This was by no means the rule, and Foerster believes that such happenings should not be expected.

When one considers the desperate and pitiable condition of a

patient with frequent or constant gastric crises, and sees that in the large majority of cases this operative procedure brings complete or marked relief to the sufferer, the conclusion seems inevitable that such patients should be given the chance which this operation procures for them. Further, it is eminently desirable that these cases should be brought to the surgeon before they have lost so much ground as to render them bad surgical subjects. —*New Orleans Medical and Surgical Journal.*

Leg Ulcers, Bone Lesions Accompanying Chronic.

The old ideas as to the causation and persistence of chronic leg ulcers — constant standing, weakened veins, sedentary life of women, and pelvic troubles incident to their sex—are doubtless applicable, the author remarks, to many cases; but he can not accept them as explaining all. Long-continued ulceration of the leg, whether varicose, specific or undertermined, is often accompanied, he emphasizes, by extensive changes in the underlying bones, often only demonstrable by radiographs. A careful examination and thoughtful interpretation of the latter will permit of differentiating the specific from the non-specific bone lesions.

These underlying lesions of bone are of great importance as regards treatment, as they occur too commonly to be ignored or passed over as occasional. In long-continued ulcerations, the periosteum becomes finally involved. In specific cases the bone process is not by direct extension in the majority of cases, but the bone lesions are an index, as it were, of the probable character of the ulceration of the soft parts. Some cases, however, undoubtedly arise from direct extension of a specific process in the periosteum outward to the soft tissues.

Iodide of potassium will help both kinds, specific or nonspecific, many of these cases having a high-blood pressure. All cases of leg ulcers should have radiographs taken of the underlying bones, and be carefully tested for tabes. Many of them, supposedly varicose on account of accompanying varicose veins, are in reality specific.—*W. Pearce Coues* (*Boston Medical and Surgical Journal,* March 14, 1912).

Operative Treatment of Fractures and Dislocations.

Dr. William Darrach, of New York, presented this communication, in which he referred to the convention of three years previous, when Dr. Lane said all fractures should be treated by the open method, and declared that the courts would compel surgeons to use this method. Dr. Darrach said he did not agree with Dr. Lane that all or nearly all fractures should be treated by the open method. In the Roosevelt Hospital, he said, they considered that most fractures should be treated by the closed method, but that in certain cases the open method might be employed to advantage. He said there were three classes of these: A, open reduction of recent cases; B, open reduction of old cases; C, cases in which they did not treat to reduce but to correct the deformity resulting from fracture. In the first class, if a satisfactory reduction could not be obtained and maintained by the closed method, the fracture or dislocation should be operated on—no contraindication being present. In transverse fracture of the femur, where the edges engaged, and the patient had a useful and strong limb, why should an operation be performed? Satisfactory reduction might be defined as where increase in the range and degree of deformity by the closed method did not warrant the risk of an operation. "When to operate," Dr. Darrach said, could be answered by saying "After the body has got its breath; after bleeding has stopped, and good, healthy reaction has set in." Too early operation should be avoided, and the body should be spared a second trauma too soon. Also, too light operations should be avoided. Somewhere between the fifth and fifteenth day, he stated, was the best time to operate; and unless a man was able and willing to carry out the exaggerated technique which Dr. Lane advised, he had no right to operate on a fracture. That, he said, was the only way to obviate the deformities that seemed to hover around bone work. No appliance should be left near the bone, if possible to avoid it; in 57 fractures treated by the open method, no appliance was used in 21 of the cases. Plates were used in only 28 per cent, or 16 fractures. Prompt union, Dr. Darrach declared, came a little slowly in fractures that had been opened. When plates

were used, there should be no strain on them, as even a slight pull, if continued, would loosen the screws. In old cases a non-reducing operation should be done, if possible. The technique should be carefully followed out, because with the open method the operations were not always successful.—*Medical Record.*

MEDICAL

Angina Abdominis.

Sir Lauder Brunton and W. E. Williams report the case of a patient aged 68 years who suffered from severe pain which came on when he began to walk. In this respect the pain resembled that of angina pectoris, but it differed in its position as it was most severe in the umbilical region. It was at first confined to the umbilical region and was attributed to flatulence, but it gradually increased in severity and extent so that it spread all over the front and back of the chest and caused perspiration to break out over his body. As this pain resembled so closely that of angina pectoris, but occurred in the abdomen, Brunton believed that it might well be termed angina abdominis, and that treatment similar to that of angina pectoris might be useful. He accordingly prescribed trinitrine with the most satisfactory results, as it cut short the abdominal pain in the same way as it would have cut short anginal pain in the chest.—*Medical Record.*

Sodium Nucleate in the Treatment of Scarlet Fever.

Various nuclein preparations have been used in medicine and surgery as therapeutic and prophylactic remedies, ever since Mikulicz showed the powerful action of nucleic acid in calling forth a leucocytosis. It has been shown experimentally that nucleic acid partly protects animals from peritoneal infections, that it seems to have an abortive effect on such infections as erysipelas, and that in general it is of effect in indolent infections where very little reaction is apparent in the infected organism. Writing in *Russkii Vrach* for March 3, 1912, M. G. Molyakoff tells of his

experience with sodium nucleate in the treatment of scarlet fever, his observations being of sufficient interest to deserve a wider circle of readers than the Russian journal affords.

Molyakoff treated altogether 90 cases of scarlet fever, seven of which reached the hospital on the second day of the disease. The most favorable effect of sodium nucleate appeared to have taken place among children of this group. The injection led to a rise in leucocytosis and the disease, or rather the toxemia as marked by fever, seemed to have been quickly aborted, the high temperature dropping to normal in from one to three days. None of these children died. To the second group belonged children that reached the hospital on the third to the sixth day of the disease. No abortive effect of nuclein was noted in this group of cases, yet it seemed to Molyakoff as if the mortality in the 71 members of the group was lower than is usually the case with scarlet fever patients in the Russian provinces. Three children of this group died, two from phlegmonous inflammation of the neck, one from cardiac failure. The third group of patients comprised those who reached the hospital late in the disease; there were few of them, and no effect, favorable or unfavorable, was noted from the injections of sodium nucleate.

Molyakoff has also tried similar injections in a few cases of typhoid fever and of acute articular rheumatism. No effect was noted in the first condition, while in rheumatism the injections seemed to have exercised some favorable influence and especially had an analgesic effect on the joint pains. Molyakoff used a solution of sodium nucleate in 30 to 50 c.c. of distilled water, using 0.1 gram for each year of the child's age. The solution was sterilized by boiling for five minutes. No untoward effects, beyond occasional headaches, were noted.—*Medical Record.*

Use of Absorbent Cotton to Assist Expulsion of Foreign Body From the Stomach.

Halluin (*Societe sc. Medicale de Lille*) reports the following case: Paul l'Er., five years old, presented himself at the Hospital Saint-Antoine, on June 8, 1911. X-ray showed that he had a for-

eign metallic body in the region of the stomach. Two pieces of money were against each other and gave a unique image.

He asked that the child be brought back in two days. The second examination (June 10) showed that the pieces had not moved. He thought that absorbent cotton may be efficacious in removal of the foreign bodies. In order to be able to follow the course of the cotton he had it saturated with bismuth subcarbonate. He had it made into small balls so that the child could swallow it. The child not having had anything to eat since 10 a. m., swallowed these pieces of cotton with pleasure at 4 p. m. The bismuth cotton upon reaching the stomach masked the shadow of the sous. There was no doubt as to the situation of the foreign bodies.

The next day (June 11) at 10 a. m., about eighteen hours after the ingestion of the bismuth cotton, he noticed the formation of a large fecal bolus in the rectum and the bismuth began to show; the bismuth could be seen at the cecum and beginning of the descending colon, the shadow of the two pieces of money appeared clearly at the bottom of the cecum. They had cleared the pyloric barrier but they came behind the mass of bismuth cotton.

About noon the child had a copious stool; the next day (June 12) he expelled the foreign bodies, as the mother specifically stated, without a particle of fecal matter.

This observation show that the ingestion of the cotton clearly facilitated the expulsion of the coins arrested several days in the stomach. But the cotton did not envelope the foreign bodies.

These phenomena are produced perhaps in the case of foreign bodies without rough edges; it would be very interesting to verify by X-rays the correctness of this hypothesis and the means used by the author render this possible.—*La Tribune Medieale.*

Pineapple Juice in Anorexia.

The author administered fresh pineapple juice to 150 cases in which anorexia was a symptom, including patients with simple anemia, convalescents from malaria, nephritis, pneumonia, typhoid fever, acute and chronic gastritis, and pulmonary tubercu-

losis. In chronic diseases of the stomach in general, especially alcoholic cases, the juice was productive of considerable benefit. In gastric and duodenal ulcer, however, it was not well borne. In nephritis the juice proved useful after the acute attack had passed off, and in tuberculosis cases with anorexia it was also of assistance. In anorexia, following attacks of acute hepatitis, hepatic colic, and acute cholecystitis, as well as in chronic liver and gall bladder cases, the juice materially improved the appetite. In the chronic cases the feces, previously scanty, containing much macroscopic undigested food and having a light color, were considerably altered and improved; upon omitting the juice temporarily they returned to their former condition. In a number of neurotic patients seemingly unable to eat, improvements after administration of the juice was quite apparent, though mention had not been made as to the probable effect expected from the remedy.—*Monthly Cyclopedia and Medical Bulletin.*

Diabetes and the Ductless Glands.

After reviewing from the theoretical standpoint the relations existing between the internal secretory glands and glycosuria, the author calls attention to the fact that there is a tendency at the present time to revert to the doctrine that overproduction of sugar is the main cause of diabetes, and to abandon the theory that diminished consumption by the tissues is the essential element. This view is now held by a number of eminent observers, including von Noorden, who consider that the hyperglycemia and consequent glycosuria are due to an excessive output of sugar by the liver, and that this may arise from excessive stimulation or impaired inhibition. The stimulus to the liver may come from an excess of carbohydrate food, as in alimentary glycosuria; from an increased call by the tissues, from hyperfunction of the suprarenals, etc., or from the central nervous system through the medium of the chromaffine system. Impaired inhibition may arise from suppression or impairment of the functions of the pancreas, or from interference with the controlling of the thyroid or hypophysis on that organ. In some cases also there is probably a primary anomaly of the liver cells themselves.

The views at present held with regard to the interaction of the ductless glands and their part in the production of diabetes are to some extent theoretical, and this is particularly so as regards the chromaffine system, but they correlate in a much more satisfactory manner than has previously been possible the experimental data that have accumulated as to the effects of these organs on carbohydrate metabolism, and they bring into line the known facts in the etiology of diabetes. Whether subsequent observation confirms, or in part disproves, these theories, there can be no doubt that they open up a wider conception of the possible pathology of glycosuria, and indicate that it is not a sign of one disease, but a symptom common to several diseases.—*Monthly Cyclopaedia and Medical Bulletin.*

"Ptomain Poisoning" Not Due to Ptomains.

Like many names given hastily or carelessly, this term is now known to be inexact, as generally applied. There are such things as ptomains, and they are poisonous; they are chemical products of decomposition in animal tissue; but the symptoms of poisoning often attributed to the consumption of some article of food are not due to them, but to toxins formed by bacteria. Sometimes these toxins are in the food before it is eaten, but more often the bacteria themselves are there, and it is their activity in the digestive organs that causes the serious or even fatal symptoms usually described as "ptomain" poisoning. This is brought out clearly in an article contributed to *The Hospital* (London August 10), by Dr. H. J. Hutchens, Professor of Bacteriology in the University of Durham. He writes:

"The term ptomain poisoning is inexact, because it leads by inference to the assumption that the symptoms are due to ptomains, while, in fact, as will be shown, these substances are not the cause of the disease. The word ptomain was introduced by the Italian toxicologist Selmi, to describe certain chemical substances more or less allied to the vegetable alkaloids which had been found in putrescent meat and decomposing albuminous matter. . . . . .

"They are found in only very small amounts in decomposing animal matter, and it is only when meat is in so advanced a stage of decomposition as to be totally unfit for human food that they are present at all. Moreover, many of the ptomains are non-poisonous, and the majority of those that act as poisons exert their influence on the nervous system rather than on the alimentary system. . . . . .

"Food-poisoning is, therefore, the result of the action of the specific toxins of bacteria on persons who consume meat or other food infected with living organisms or their toxins, or both. The non-specific products should also, perhaps, be included, for though the evidence so far available is against the view that they take part in the production of food-poisoning, it can not be stated as a definitely ascertained fact that they never exert any influence. This definition at once excludes from the category of food-poisoning all cases of poisoning following the consumption of food containing arsenic, lead, strychnine, or other well-defined chemical substance, whether administered intentionally for criminal purposes or taken by accident. On the other hand, the generally accepted use of the term does not include such diseases as enteric fever, Malta fever, etc., though these are also the direct result of eating food specifically contaminated with the organisms of those diseases."—*General Practitioner.*

OBSTETRICAL

Gynecological Hints.

Sepsis in most puerperal cases starts as wound infection at the vulva or lower end of the vagina, and can generally be prevented by moistening the vulva pads with a bichloride solution 1 to 5,000. This should be continued for about five days.

The umbilical cord should not be cut until after it stops pulsating, especially when the labor has been severe. Many infants have been injured by too much violence during resuscitation.

A woman should not be starved after delivery. The more food she is given within reason, the better.

The breasts should never be massaged or pumped, as disregard of this caution may lead to mammary abscess.

In a general way secondary operations on the perineum should not be performed until the end of at least two months. If they are performed earlier the lochia are apt to interfere with union. It is not necessary to stop nursing an infant for more than a few hours following operations on the perineum.

After all operations of the perineum the bowels should be kept freely open.

When possible it is best to operate for laceration of the perineum before the placenta has been delivered. There is less annoyance from bleeding. The best material is chromicized gut No. 3. It cuts less than silkworm but and does not annoy the patient so much. The sutures should not be drawn too tight, for there is always swelling of the parts that will cause strangulation. A very good needle to use is a full curved three-inch Hagedorn.—*International Journal of Surgery.*

Precocious Puberty and Ovarian Tumor.

Dr. Verebely (*Wiener klin. Wochensh.*, No. 13, 1912) reports the case of a girl, six years old, who up to five years of age had developed normally. Since a year hemorrhages had recurred monthly, and other signs of puberty had appeared. The child was about four inches taller than one of a corresponding age, and the breasts, which were the size of lemons, contained glandular structure. In the axilla as well as the pubic region there was an abundant growth of hair. The labia were thick and pigmented, and the vagina of abnormal size. Examination of the abdomen revealed a nodular tumor of the size of a child's head connected with the left side of the uterus. At the operation a very vascular ovarian sarcoma was found. The uterus was of the size of that of an eighteen or nineteen year old girl, the right ovary being normal. After operation the hemorrhages ceased, the hair fell out, and the breasts receded in development. The only sign of precocious puberty left was the deeper quality of the voice. The author states that such cases are rare, and he has been able to find

only 126 in the literature, in two of which the condition was due to tumor.—*International Journal of Surgery.*

Causes Determining the Sex.

L. Billon says that embryological facts show how the spermatozoid and ovule encounter one another, each charged with a certain quantity of sex. From their union life is born. Physiology shows that the ovule is detached and becomes fecundable at the moment of ovulation, about the epoch of menstruation. The elements brought by spermatozoid and ovule are opposite; the testicle is female, the ovary male. Greater quantity of sex in the ovary gives a male, in the testicle a female. Clinical facts show that whenever an account of sickness, age, war, etc., the male is inferior, boys are born; but the woman may not be superior to the man on account of sickness, amenorrhea, or the premenstrual period, and conception will be feminine. There are two consequences; the child will resemble morally and physically the stronger parent; the second consequence is autoregularization; the number of increases among animals will be proportional to their mortality; there will be always perfect equilibrium. The child will have the vitality of its strongest parent and the sex of its weaker one; the sex of the weaker will be not only spared but fortified. The generator which is stronger at the moment of conception gives sex to the product, and it is the opposite sex.—*Pacific Medical Journal.*

Dr. Hoag reported a case of hæmaturia in a multipara forty years of age, in her fourth pregnancy. At six and a half months she developed without any discomfort, a considerable quantity of blood in the urine. Beyond the presence of blood there was no pain or discomfort of any kind.

The patient was put to bed, irrigations of alum solution used, and rest enjoined for ten days. It had no effect on the bleeding. She went on to full term and was delivered in a perfectly normal way. The hæmorrhage continued for two weeks after the child

was born, and then stopped as suddenly as it had begun. Dr. Hoag thought that it was the result of intra-abdominal pressure, perhaps the rupture of a small blood vessel. The same night there was a little fleshy plug passed in the urine, which was the only thing ever seen, and coincident with this the hæmorrhage stopped and has not since returned.

Dr. Shears said that although the hæmorrhage might be due to toxic conditions, in the present instance there were no signs of a toxemia. Ruling out local papilloma of a ureteritis, he thought that six and a half or seven months was not too early to exert pressure symptoms sufficiently severe to produce hæmorrhage. From a careful examination of the bladder and the absence of stone or other aggravation cause he should be inclined to attribute the bleeding to this cause.—*Pacific Medical Journal.*

Pregnancy in Diabetics.

It frequently happens that the diabetes become aggravated during a pregnancy, or there is a history of mishaps during previous pregnancies, and it may be advisable to bring on a premature delivery at eight and a half months in the interest of both mother and child. Another reason for this is that the fetus in a diabetic woman is liable to grow unusually large. . If it is found to be increasing rapidly in size, this is another argument for the premature delivery. Another reason is that the mother's diabetes seems to affect the fetus especially during the last few weeks, so that the infant has better chances of survival safely sheltered in an incubator than left in the uterus under the influence of the diabetic poison. In two cases reported the induced delivery passed off favorably for the mothers seemed apathetic and breathed with more or more difficulty, becoming cyanotic and dying five and thirty-six hours after birth. The adrenals were abnormally large in both, but otherwise the organs were apparently normal. One child had an unusual development of fat around the viscera, and it weighed over 4,000 gm.—*The American Medical Association Journal.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M. D. corner Summer and Union Streets, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

EXOPTHALMIC GOITER AND METHOD OF DIAGNOSIS.

Prof. Samuel E. Earp, in a clinical lecture at the city hospital, Indianapolis, demonstrates an interesting and valuable method of examination in the diagnosis of this condition. He placed a bandage over the eyes in order to demonstrate the different conditions in the same person. Some cases present no symptoms of eye implication, others no enlargement of the thyroid. In others we notice the implication of one eye and the opposite portion of the thyroid enlarged. One or more of the cardinal symptoms may be absent. There is thus opportunity for a problematic opinion, and the nonobservance of the eyes prevents the so-called snap diagnosis. Commencing at the feet in the examination leaves the head for a climax.—E. S. McK.

TREATMENT OF EXOPHTHALMIC GOITRE.

In a clinical lecture before the class at the city hospital, Indianapolis, Earp defined the treatment as follows: Rest in bed, an ice bag to relieve the tachycardia, and bromide of sodium for the insomnia. Trional or possibly morphia may be necessary, the latter to be avoided if possible. A capsule containing 2 grains of ergotine and 1-30 grain strychnia will be given three times a day, and five grain doses of bromide of quinine will be given four times a day. Iron and arsenic are uncalled for unless there is sufficient anemia to require their use. I doubt whether galvanization will render much aid. We shall use digitalis because it has given us good service in the past, although there are some who

will question its utility. The serum treatment advocated by Peebe and Rogers has some followers, but its benefit seems to be limited to acute cases. I have known a number of cases which have been benefited by the X-ray, and sometimes it is necessary to resort to surgical interference.—E. S. McK.

Never Told Tales.

A dreadfully interesting, a dreadfully true and a dreadfully, dreadful book. It is true, as the author, Wm. J. Robinson, M. D., New York says, "that there are those who will think it were better had these tales never been told. But," he adds, "some old maids are shocked because babies are born naked." Whatever the opinion of the prudes on the sad stories related by Dr. Robinson of sexual sins, no one will deny that a good taste is left after reading the last table, that beautiful story of Prof. Beaumont. Truth is indeed stranger than fiction, and the deep tragedy of these tales strike at the very roots of our civilization. The author has seen young and blooming girls converted into pitiful and barren wrecks within a few months after their marriage. He has seen households made desolate and children orphaned by the mother being carried off to a premature grave; he has seen young mothers reduced within a few years to wornout hags by incessant child-bearing; he has seen children born into the world, puny, crippled, blind and noseless; he has seen many terrible things which can not ever be mentioned here, all brought about, not by the wickedness, but by the ignorance, of men and women entering the marriage relations; all of which could have been prevented if the tales I am telling now had been told before. What a sentence! As true as Scripture, the composition that of Macauley. If you doubt that the author is pure in his motive in telling these tales, read: "I dedicate this humble collection of stories to my dear life companion, who has these many years shared my sorrows and my joys, and my dear children—Victor, Ellen, Frederick and Herbert."—E. S. McK.

American Hospital Association.

The 14th Annual Meeting of the American Hospital Association will be held in the Hotel Ponchartrain, Detroit, Mich., on Tuesday, Wednesday, Thursday and Friday, September 24, 25, 26, 27, 1912.

PRELIMINARY PROGRAM.

President's Address.—Dr. Henry M. Hurd, Secretary, Board of Trustees, John Hopkins Hospital, Baltimore, Md.

Report of Committee on Construction.—Dr. C. R. Holmes, Trustee, City Hospital, Cincinnati, Ohio.

Report of Committee on Training Nurses.

Report of Committee on Hospital Efficiency, Hospital Finances and Economics of Administration.—Dr. Thomas Howell, Supt. New York Hospital, New York City.

Report on Out-Patient Work.—Dr. Wayne Smith, Supt, City Hospital, St. Louis, Mo.

Report on Hospital Accounting.—J. B. Draper, Esq., Supt. University Hospital, Ann Arbor, Mich.

Report on Medical Organization and Medical Education.—Dr. R. O. Beard, University of Minnesota, Minneapolis, Minn.

Report of Committee on Bureau of Hospital Information and Permanent Secretaryship.—Dr. S. S. Goldwater, Supt. Mt. Sinai Hospital, New York City.

Report of Committee to Memorialize Congress to Place Hospital Instruments on the Free List.—Rev. G. F. Clover, Supt. St. Luke's Hospital, New York City.

Report of Committee on Standard Nomenclature.—Dr. Frederick A. Washburn, Supt. Massachusettes General Hospital, Boston.

Social Service in Massachusetts General Hospital.—Miss Ida M. Cannon, Head Worker Social Service Department, Massachusetts General Hospital, Boston.

"The Economic Features and Feeding of Hospital Employes and Patients."—Dr. H. T. Summersgill, Supt. Post-Graduate Hospital, New York City.

Economy in the Operating Room.—Mr. Asa Bacon, Supt. Presbyterian Hospital, Chicago, Ill.

A Contribution to the Problem of Convalescence.—Dr. Fred. Brush, Supt. Burke Relief Foundation, New York City.

The Use of Salvarsan (606) in Hospitals.—Dr. R. R. Ross, Supt. General Hospital, Buffalo, N. Y.

The Cost of Infectious Diseases.—Prof. James W. Glover, Michigan University, Ann Arbor, Mich.

The Relation of the General and Special Hospitals in the Care of the Insane.—Dr. Charles K. Clarke, Supt. General Hospital, Toronto, Canada.

Nursing Standards and the Supply of Pupil Nurses. — Dr. Frederick A. Washburn, Administrator Massachusetts General Hospital, Boston.

The Grading of Nurses.—Mrs. E. G. Fournier, Supt. Minnewaska Sanitarium, Gravenhurst, Ont., Canada.

Hospitals and their Duty in Relation to the Prevention of Disease.—Dr. Charles P. Emerson, Medical Departmentment, University of Indiana, Indianapolis, Ind.

Subject to be Announced.—Rabbi Franklin, Temple Beth El, Detroit, Mich.

Subject to be Announced.—Mr. J. R. Coddington, Supt. Polyclinic Hospital, Philadelphia, Pa.

The Hospital Laundry.—Dr. Winford H. Smith, Supt. John Hopkins Hospital, Baltimore, Md.

Hospital Organization with Special Reference to that of the Detroit General.—Dr. W. F. Metcalf, Detroit, Mich.

The Question Drawer.—Dr. Alice Seabrook, Supt. Woman's Hospital, Philadelphia, Pa.

Round Table Conference for Workers in Smaller Hospitals.—Miss Louise Brent, Supt. Hospital for Sick Children, Toronto, Canada, and Miss Amy Armour, Supt. New Rochelle Hospital, New Rochelle, N. Y.

Non-Commercial Exhibit of Hospital Appliances.—Miss Charlotte S. Aikens, of Detroit.

There will be a Trustees' Session presided oved by J. L. Hudson, Esq., Chairman, Board of Trustees, Harper Hospital, Detroit, Mich.

Other interesting papers will be presented, the titles of which will appear in the permament program.

J. N. E. BROWN, M.B., Secretary.

90 Charles Street, East, Toronto, Canada.

Detroit General Hospital, Detroit.

The Cincinnati Academy of Medicine, at its meeting of March 22, adjourned the regular program and turned the meeting into a memorial meeting in honor of Dr. T. A. Reamy. First came the report of the Committee on Resolutions, a beautiful tribute, prepared by Drs. E. W. Mitchell, Allan Ramsey and John M. Withrow. "Dr. Reamy as a Colleague," was the title of an address by Dr. P. S. Conner. He recited his connection with Dr. Reamy in the Medical College of Ohio since 1871. His address closed with the following sentence: "Personally it gives me the greatest pleasure to testify to his value as a colleague in the Medical College of Ohio, still more to his value as a physician, and above all to his value as a man." Dr. Wm. H. Wenning spoke of Dr. Reamy as a member of the Academy. Dr. Wenning had entered the Academy with Dr. Reamy, and had served with him and after him in the capacity of secretary and president. Dr. John M. Withrow spoke of Dr. Reamy as a gynecologist, and having served a time as his assistant. He spoke *ex cathedra,* and did not stint in his praise. Dr. Withrow also said: "The Academy of Medicine never did a wiser thing than when it gave that most notable dinner on the occasion of his seventieth birthday. It was a halo about his declining years that gave the grand old man unspeakable joy. It is the brighest, most human chapter in the chronicles of the good old Academy. How much better the laurels upon the brow than the immortelles upon the tomb." Dr. Louis Schwab spoke of Dr. Reamy as a consultant, his skill, tact, kind, patient, forbearing, forgiving. Dr. Julia W. Carpenter, the first woman member of the Academy, paid a

touching tribute to Dr. Reamy from the woman physicians. Dr. N. P. Dandridge and Dr. Geo. B. Orr spoke, and the Academy adjourned. The attendance was large, especially of those men who were old enough to know Dr. Reamy in his prime.—E. S. McK.

Obstetrical Charts in Colors.

Ten full plates 12x9 illustrating and briefly describing the following obstetrical positions.

1. Diameters of foetal head, pelvic brim and planes of pelvis.
2. Head presentations.
3. Mechanism in vertex presentations.
4. Mechanism in left occipito-anterior presentation.
5. Face presentations.
6. Mechanism in face presentations.
7. Right mento-posterior position.
8. Breech presentations.
9. Mechanism in breech presentations.
10. Transverse positions.

These plates will be sent in book form to any address on receipt of 25c postpaid.

Battle & Co., St. Louis, Mo.

On June 6, at Atlantic City, during the meeting of the American Medical Association, and following a symposium on anæsthesia, the National Society of Anæsthetists was organized. Prof. Yandol Henderson, of Yale, Chairman of the Commission on Anæsthesia of the A. M. A., occupying the chair, those assembled for the symposium acting as a committee of the whole, proceeded to organization, and elected the following officers for the year 1912-1913:

President, James T. Gwathmey, of New York; Vice Presidents, Charles K. Teter, of Cleveland; F. H. McMeechan, of Cincinnati; Yandol Henderson, of New Haven. Secretary, William C. Woolsey, 88 Lafayette Ave., Brooklyn. Treasurer, Harold A. Sanders, of Brooklyn.

The constitution and by-laws were ordered to be drawn by the Executive Committee and submitted to the society for its next meeting for adoption. All names submitted for membership, if qualified in the estimation of the Executive Committee, shall be considered as charter members if presented within a period of sixty days and accompanied by the levied dues of three dollars.

The National Society of Anæsthetists in this notice, calls all those who are actively interested in this work to join its ranks and assist in developing the subject of anæsthesia to greater perfection and more uniform safety.

June 10, 1912. WILLIAM C. WOOLSEY, Secretary.

FEES IN FRANCE.

A young girl, on a visit to her uncle in the neighborhood of Rhiems, France, was caught in some agricultural machinery, having her leg and arm smashed. The uncle in great haste took his niece to his own doctor at Rhiems, who at once removed the leg and arm. When the father arrived from Paris he found her in the doctor's surgery, which she did not leave until well. When the surgeon's bill was sent—650 francs—the father thought it out of his financial position, especially as he had no choice in the selection of a surgeon or opportunity for agreeing on the terms for the operation, declined to pay, asserting that the bill must be paid by the girls uncle, under whose care she was when the accident happened, and who had called on his own medical attendant to treat the case. The Paris Tribunal, before whom the case was argued, declared that the father must always be held responsible for the fees of a medical man for attendance on a minor child, and ordered him to pay the doctor's fees.—E. S. McK.

ANCIENT INJUSTICE.

Eugene Aram, whose famous case was immortalized by Hood and Bulwer Lytton, as well as Henry Irving, is one which brings to our minds the question whether half of the criminals who

were, according to the criminal code of the eighteenth century condemned to executions by hanging, strangulation or burning, were unjustly condemned. He was a most unlikely murderer, a profound student, a philologist, he seemed the last one to plan and carry out a murder at night with a great display of physical energy and boldness. Confronted many years later by some old bones found in a cave near Knaresborough, England, his defense was a masterpiece. He pointed out that England was an antique burial ground. In many caves there are found bodies which if not prehistoric may well have been that of some hermit or prehistoric occupant of meriaval times. His remarks on cave burial strangely resembles a Hunterian lecture. In fact one of the bones reputed to be that of the parietal bone of the murdered man has proven to be that of a roe deer. Aram might have maintained that the bones were that of an Ipswich man of latter times. —E. S. McK.

International Association of the Medical Press.

This organization, which has had several meetings, mostly in connection with the International Medical Congress, had a recent convention at Rome in connection with the International Congress on Tuberculosis. The Congress voted that its representative at The International Congress of Hygiene, to meet in Washington in September, 1912, be empowered to convoke a meeting of the American Medical Press Association and invite it to become a member of the International Association. Much attention was given at the Rome meeting to the subject of Medical Terminology, which is becoming complex. Latin was urged for the formation of new words and admixture of Latin and Greek condemned. To describe a series of symptoms the name of the author or discovered might be the shortest way of describing them. For surgical operations a word should be found which described the operation or the part on which the operation was performed. In regard to words now current, the Latin term should be added to the National or popular term. It would be easier to assimilate by adding the Latin than by attempting to

break down the established custom. The French and Italian members were inclined to criticise the permanent committee of the International Medical Congress at the Hague for interfering too much with the methods of proceeding each country felt like following. The meetings at Rome were held in the historic Castle Saint Angelo. Dr. Dejac, Vice President, presided, in the place of Dr. Lucas Champonnier detained by illness. Prof. Augusto Tamburini, on behalf of the Italian Medical Press, entertained the Association at a sumptuous luncheon at the Hotel de Russie, and an evening reception was given by Dr. Ascoli at the offices of *Il Policlinico*.—E. S. McK.

The trustees of the American Medicine Gold Medal Award respectfully announce that the Medal for Nineteen Hundred and Twelve has been conferred upon Doctor William C. Gorgas, Ancon, Panama, as the American physician who in their judgment has performed the most conspicuous and noteworthy service in the domain of medicine during the past year.

William J. Robinson,
Claude L. Wheeler,
E. Edwin Lewis,
Trustees.

Officers of A. M. A.

The following officers were elected:

President, John A. Witherspoon, Nashville, Tenn., First Vice President, Dr. Philander A. Harris, Paterson, N. J.; Second Vice President, Dr. John L. Heffron, Syracuse; Third Vice President, Dr. H. H. McClanahan, Omaha; Fourth Vice President, Dr. Walt P. Conaway, Atlantic City; Secretary, Dr. Alexander R. Craig, Chicago; Treasurer, Dr. William Allen Pusey, Chicago; trustees, Dr. M. L. Harris, Chicago; Dr. C. A. Dougherty, South Bend, and Dr. T. W. Councilman, Boston. Members of the Judicial Council: Dr. George W. Guthrie, Wilkesbarre; member of Council on Health and Public Instruction, Dr. Walter B. Cannon, Boston; members of Council on Medical Education, Dr. James W. Holland, Philadelphia, and Dr. W. D. Haggard, Nashville.

Reviews and Book Notices

The Care of the Skin and Hair—By William Allen Pusey, A.M., M.D., Professor of Dormatology in the University of Chicago. New York and London; D. Appleton & Co., 1912.

The author's reputation as one of the leading dermatologists in the United States guarantees the scientific character of this unpretentious little book. The author claims that he has in this volume presented a work on the hygiene of the skin and not a guide for the self-treatment of the diseases of that important part. We have found the brochure practical, clear and well arranged. The following table of contents afford an idea of its scope: Chapter I, The Structure of the Skin. Chapter II, The Nutrition and Function of the Skin. Chapter III, The Care of the General Health as it Especially Relates to the Skin. Chapter IV, The Care of the General Health; Diet and Digestion. Chapter V, The Local Care of the Skin; Water and Bathing. Chapter VI, The Local Care of the Skin. Chapter VII, The Local Care of the Skin; Chapter VIII, Inflammation of the Skin. Chapter IX, Disorders of the Face. Chapter X, Certain Defects of the Skin. Chapter XI, The Hair. Chapter XII, The Hair (Continued).

Laboratory Methods, with Special Reference to the Needs of the General Practitioner.—By B. G. R. Williams, M.D., member of the Illinois Medical Society, Assisted by E. G. C. Williams, M.D., Formerly Pathologist for Northern Michigan Hospital for the Insane, Tracy City, Michigan, with an Introduction by Victor C. Vaughan, M.D., LL.D., Professor of Hygiene and Physiological Chemistry, and Dean of the Department of Medicine and Surgery, University of Michigan, Ann Arbor, Mich. Illustrated with Forty-three Engraving. St. Louis. C. V. Mosby Co., 1912.

We take great pleasure in recommending this work as one of the most useful and practical manuals the general practitioner can have. The objects of the authors was to prepare a reference book which would enable physicians to make examinations and chemical tests in everyday practice in the absence of extensive ap-

paratus and the usual fittings of the more elaborate modern chemical laboratories. They have not attempted in this work to set forth every investigation, but comparatively simple cases that are usually sent to cities for expert examination that can be made at home. Such a guide is of very great importance to the general practitioner, as by following the lines laid down in this book he will be enabled to work out for himself the findings so necessary in diagnosticating a great many diseased processes the diagnosis of which depends so materially upon chemical and microscopical examinations.

Surgical Clinics of John B. Murphy, M.D.—At Mercy Hospital, Chicago. Vol. 1, No. 1. Octavo of 174 pages, illustrated. Philadelphia and London. W. B. Saunders Co., 1912. Published Bi-monthly. Price per year, paper, $8.00. Cloth, $12.00. W. B. Saunders Co., Philadelphia, London.

We are indebted to the accommodating publishers for a copy, No. 3, of The Surgical Clinics of Dr. John B. Murphy. In our notices of the two preceding numbers of this valuable serial publication we commented favorably upon the usefulness of the clinics in printed form as affording physicians who can not attend in person an opportunity to gain some knowledge of the advanced ideas and improved methods of this great surgeon. The present number is especially interesting. A large number of clear skiagrams are introduced, serving to show the results of work done in bone surgery. Regarding these illustrations one is tempted to regard the wonderful results accomplished as phenomenal. The author's success at bone grafting alone would have been sufficient to have rendered his name famous as a surgeon. Besides the lectures upon bone surgery, there are interesting cases of Tuberculosis of the Intestines, Cystic Goiter, Double Cervical Rib, Tumor (Hypernephroma) of the Kidney, Cholelithiasis, Typhoid Spine (Extradural Hemorrhage from Trauma, etc. Certainly a collection of extremely interesting cases, rendered doubly so by the way in which they have been handled by this master surgeon. Of great interest and practical use to the physician should be the diagnostic methods which Dr. Murphy constantly uses in his practice. The

profession is under lasting obligations to the publishers for having put in course of publication these clinics, and everyone should avail himself of the opportunity afforded him by this serial. Personally we always eagerly look forward to the appearance of each issue.

Publisher's Department

Professor Davenport, in his admirable work on the Diseases of Woman, Dr. L. G. Boyd, Tunnelton, Ind., reviewing, adds:

How can we prevent dysmenorrhea? It can be done by keeping the patient under morphine, but this is a barbarous solution of an important problem. It in fact does not solve it. Morphine is inadmissable and improper in these cases. It produces derangement of the secretions and tends to establish a drug habit that will make life a burden. I have long employed a remedy that not only relieves the pain, but produces no habit and is not dangerous. I refer to Dioviburnia. It is a most valuable uterine tonic, antispasmodic and anodyne of exceptional worth. I rely upon

this remedy to prevent dysmenorrhea, which, as Professor Davenport truly says is seen in almost all, if not in all, women. I have my patients who suffer with dysmenorrhea to take Dioviburnia, beginning two days before menstruation is due and persist in it until the period has passed. I give it in doses of one or two teaspoonfuls every three hours throughout this time. When this direction is followed I have found that my patients go through the period without pain. The adoption of this treatment I may say also, has brought me many grateful compliments.

Where the patient is very nervous, having the tendency to hysteria, neuroses or uterine congestion, I administer Neurosine one part, in combination with two parts of Dioviburnia, which always gives relief.

By R. Graham Hereford, M.D.

A fifteen months old bottle-fed baby presenting the following: Temp. 103°F., bowels had been moving twelve to fifteen times during the twenty-four hours for two days. Stools greenish in color, streaked with blood and very offensive; vomiting incessant.

Diagnosis: Cholera Infantum. Treatment: 1-10 grain Calomel and Soda Bicarb every half hour until character of actions changed. Injected high into bowel every six hours a solution composed of Glyco-Thymoline, two ounces to a pint of hot water.

Twenty-four hours later, temperature normal, child much brighter. The ordered the following prescription:

℞ Liquor Bismuth, U. S. P.
Glyco-Thymoline aa ℥ 1-1.
M-sig. Teaspoonful every three hours.

Child entirely well on fourth day.

Contents for July, 1912

ORIGINAL COMMUNICATIONS.

EXTRACTS FROM HOME AND FOREIGN JOURNALS.

Surgical.

Medical.

Obstetrical.

ELEGANT
PHARMACEUTICAL SPECIALTIES

Attention is called to the EXCELLENCE and VALUABLE THERAPEUTIC PROPERTIES of these PREPARATIONS

Robinson's Hypophosphites

NUTRITIVE, TONIC, ALTERATIVE.

A STANDARD REMEDY in the treatment of Pulmonary Phthisis, Bronchitis, Scrofulous Taint, General Debility, etc. Stimulates Digestion, promotes Assimilation.

℞ Each fluidounce contains:

Hypophosphites Soda	2	grains
" Lime	1½	"
" Iron	1½	"
" Quinine	¾	"
" Manganese	1½	"
" Strychnine	1-16	"

DOSE—One to four fluidrachms.

6 oz. Bottles, 50 Cents.
Pint Bottles, $1.00.

This preparation does not precipitate—retains all the salts in perfect solution.

Robinson's LIME JUICE and PEPSIN

Pure Concentrated Pepsin combined with Pure Lime Juice.

An exceedingly valuable Combination in cases of Dyspepsia, Indigestion, Biliousness, Heartburn and Mal-Assimilation.

APERIENT AND CHOLAGOGUE.

Impaired Digestion is the consequence of a sedentary life, coupled with nervous and mental strain.

Reliable Pepsin is one of the best DIGESTIVE agents known. **Pure Lime Juice** with its APERIENT and CHOLAGOGUE characteristics with the Pepsin furnishes a compatible and most efficient combination as a remedy for the disorders named.

Robinson's Lime Juice and Pepsin is PALATABLE and GRATEFUL to the taste.

DOSE—Adult, dessertspoonful to tablespoonful, after eating. Children one-half to one teaspoonful, according to age.

PRICE, 6 oz. Bottles, 50 Cents.
16 oz. Bottles, $1.00.

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Saloform is a definite Chemical Compound the component parts of which are **Hexmethylene, Tetramine, Salicylic Acid** and Lythia.

The properties of **Saloform** are those of Uric Acid Solvent and of a Genito-Urinary Antiseptic.

As a Uric Acid Solvent it is indicated in **Rheumatism, Gout,** in **Phosphaturia,** in **Gravel,** and in **Renal Colic**.

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It has been used with most excellent results in **Pyelitis, and Pyonephrosis,** in **Cystitis,** and in **Gonorrheal and Non-Gonorrheal Urethritis.**

SALOFORM (Flexner) is obtainable in powder, tablet or elixir.

Powder in 1-oz. vials, dose 10 grains, 4 times daily (under physicians prescriptions), per 100 $1.25.

Tablets, 5 grains, to a bottle, dose, 2 tablets 4 times daily (under physicians prescriptions); per 100, $1. 5.

Elixir, in 16 ounce bottles, dose, teasponful after each meal and at bedtime (under physicians' prescriptions), per bottle $2.00.

Physicians who have used Saloform are enthusiastic in their praises of its merits.

Flexner's Solution of Albuminate of Iron

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Albuminate of Iron is a definite chemical compound of albumen and Iron. In the manufacture of the preparations of this iron salt, we use fresh egg albumen only. Albuminate of Iron is the organic compound present in the red corpuscles of the blood. **It does not disturb digestion, neither does it constipate.** Contains in each teaspoonful one grain of the Iron salt, and itis perfectly stable and bland. Clinical experience has demonstrated its superiority as a chalybeate.

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WE NOW MAKE ***FLEXNER'S*** { Syrup Albuminate of Iron Comp. { **Pints, $1.00**
Solution Albuminate Iron and Strychnine, Syrup Albuminate Iron with Quinine and Strychnine { **Half Pints, $1.00**

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In treating the diseases of women, particularly those due to Menstrual Irregularities

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Young girls arriving at womanhood are relieved of many of those agonizing sensations incidental at this critical period by the administration of "H.V.C." In painful or delayed menstruation it affords relief, and the genuine "H.V.C." can be prescribed with an assurance of satisfactory results.

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Waterbury's Metabolized Cod Liver Oil Compound

With Creosote and Guaiacol or Plain, will hereafter be known as below. Preparation is the same; change only in the name.

Waterbury's Compound

With Creosote and Guaiacol or Plain
Tasteless -:- -:- Odorless

Made from Cod Liver Oil, Digestive Ferments, Malt Extract, Unfermented Hypophosphites Compound, Special Extract of Cherry, Eucalyptus, Aromatics, etc.

DOSE: 1 tablespoonful 4 to 6 times a day.

Waterbury's Pinozyme

Ext. Ananassa Sative Comp.
Pineapple -:- -:- Pepsin

Represents the digestive properties of the freshly extracted juice of the pineapple (Ananassa Sative) and other enzymes.

Each tablespoonful should digest eight ounces of albumen, meat fibrin or casein.

Pinozyme presents no incompatibilities with the gastric or intestinal secretions, and is a true digestant, which being active in either acid or alkaline menstruum, exerts its digestive properties throughout the entire alimentary tract.

DOSE: 1 to 3 teaspoonfuls after meals. Increase if necessary.

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(DIURETIC)

Contains the Medicinal Properties of Asparagus,[4] Kava Kava,[5] Corn Silk, Triticum, with Blodium Solicylate and Potassium Acetate.
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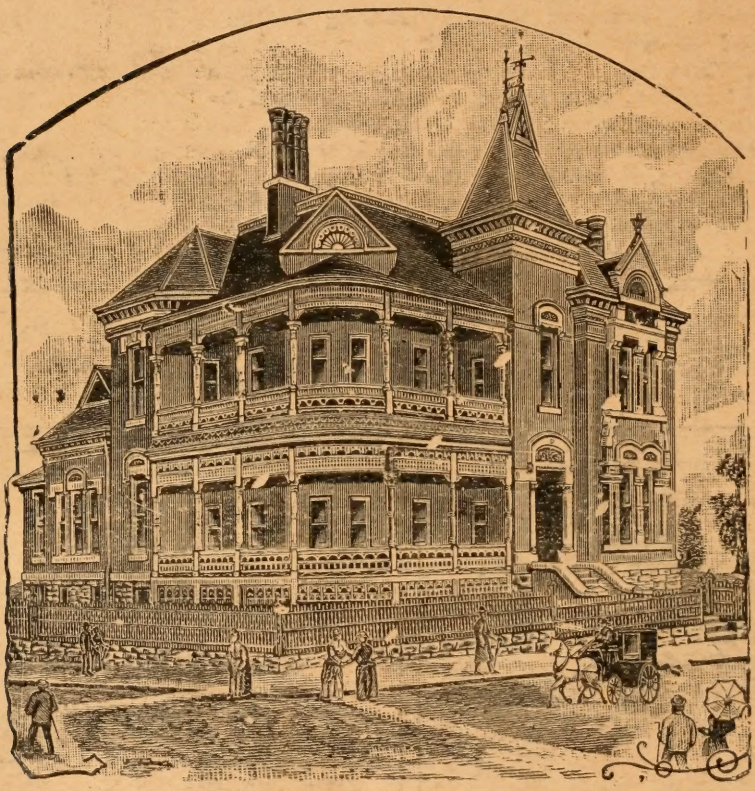

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